Thank you in advance for completing this survey – results will be used to improve our services and facility.

PRO MOTION REHAB
ANNONOMOUS PATIENT SATISFACTION SURVEY

Print the name of your Therapist_____

Why did you choose THIS office/therapist? ○ Telephone directory ○ Friend/Family ○ Insurance book ○ Physician referred ○ Advertisement ○ Other: _____

Who can we thank for referring you? If by an advertisement, please indicate which one? _____

Who is your primary physician or the physician that referred you to us? _____

	strongly agree	agree	disagree	strongly disagree	no opinion
1. My therapist was courteous	○	○	○	○	○
2. My therapist understood my problem or condition	○	○	○	○	○
3. The explanations my therapist gave me were helpful	○	○	○	○	○
4. The front desk person was courteous	○	○	○	○	○
5. I was satisfied with the treatment provided by the therapist	○	○	○	○	○
6. I enjoyed my visits to Pro Motion Rehab	○	○	○	○	○
7. The facility scheduled appointments at convenient times	○	○	○	○	○
8. My first and subsequent visits were scheduled quickly & easily	○	○	○	○	○
9. The services and equipment met my expectations	○	○	○	○	○
10. I was seen promptly when I arrived for treatment	○	○	○	○	○
11. The location of the facility was convenient for me	○	○	○	○	○
12. The reception area was comfortable and inviting	○	○	○	○	○
13. My bills (if any) were accurate	○	○	○	○	○
14. The cost of treatments I received were reasonable	○	○	○	○	○
15. I would recommend this facility to family or friends	○	○	○	○	○
16. I would return to this facility for care in the future	○	○	○	○	○
17. My privacy was respected during my care	○	○	○	○	○
18. Overall, I was satisfied with my experience here	○	○	○	○	○

19. Your age: _____years

20. Your gender: ○ Male ○ Female

21. Choose the BEST description of your problem: ○ Post Operative ○ Chronic ○ Minor ○ Severe ○ Other

22. In your opinion, what could be improved in our facility? _____

_____

23. What did you like BEST about your experience: _____

_____

24. What did you like LEAST about your experience:_____

_____

25. What would you say to someone considering this facility? _____

_____

May we use your statement in our literature? _____ May I (Randy Veroline, President) contact you? _____

[If you would like us to contact you about your feedback, please complete the rest of this form.]

Name_____ Signature_____Date_____

Email Address_____ Telephone_____

May we use your initials in our literature? _____

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